







### **STATE OF IDAHO**

# Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Select one: Standard, Expedited or Same Day Service (see

Foreign Registration Statement (Limited Liability Company)

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

## -FILED-

File #: 0003577871

Date Filed: 7/24/2019 12:48:58 PM

descriptions below)		
The name this limited liability company will use in Idaho is:     Type of Limited Liability Company     Entity name     Community Health Care Physicians Group, PLLC		Foreign Professional Limited Liability Company Community Health Care Physicians Group PLLC
Profession The business is organized to practi	ce the profession of:	Medicine
Home Jursidiction     The jurisdiction of formation is:		WASHINGTON
The street address of its domestic principal office (if required by the laws of the ju Street Address		e jurisdiction of formation) is:  VALERIE CARPENTER 619 S WASHINGTON ST SUITE 203  MOSCOW, ID 8343
The mailing address of its domestic principal office (if required by the laws of the j Mailing Address		the jurisdiction of formation) is:  VALERIE CARPENTER 619 S WASHINGTON ST SUITE 203  MOSCOW, ID 83843
5. The complete street address of the principal office is: Principal Office Address		VALERIE CARPENTER 619 S WASHINGTON ST SUITE 203 MOSCOW, ID 83843
The mailing address of the principal office is:     Mailing Address		VALERIE CARPENTER 619 S WASHINGTON ST STE 203 MOSCOW, ID 83843-3063
7. Registered Agent Name and Address Registered Agent		ROBERT SPADY Registered Agent Physical Address 619 S WASHINGTON ST STE 203 MOSCOW, ID 83843 Mailing Address
8. Governors		
Name	Title	Address
Robert N Spady	Manager	VALERIE CARPENTER 619 S WASHINGTON ST STE 203 MOSCOW, ID 83843-3063

Standard (filing fee \$100)



Signature of individual authorized by the entity to sign:

Robert Spady
Sign Here 07/24/2019
Date

Signer's Title: Manager

Print & Mail Enclosures

Certificate of Existence/Good Standing from the State in which this entity was originally formed dated within 90 days of today.

Payment in the amount of \$100.00 (if expedited, \$140; if 24 hour processing, \$200) - checks payable to the Secretary of State, signed and recently dated.

This filing form (submit within 30 days) with the required signature(s).



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### **CERTIFICATE OF EXISTENCE**

**OF** 

## COMMUNITY HEALTH CARE PHYSICIANS GROUP, PLLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/15/1999.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/24/2019 UBI Number: 601 980 553



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 07/24/2019